

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)	10/088964					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
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43							93						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND. 3							TOTAL IND.						
TOTAL DEP. 4							TOTAL DEP.						
TOTAL CLAIMS 7							TOTAL CLAIMS						